Method Acceptance Release Form

This informed consent/assumption of risk/waiver/release of liability pertains to the method summarized below. A detailed description may be attached to this document. Method/Analyte To Be Tested:

I, _____ (Full Name of Client's Representative), certify that I am an authorized representative of _____ (Client). I acknowledge that I understand and do hereby consent and submit to the following terms of agreement on its behalf:

Tentamus California (hereinafter "TCA") cannot perform the requested testing services without obtaining signed written permission, informed consent, waiver of right to sue, and a release of liability.

1. The undersigned knowingly and voluntarily accepts that the method as currently constituted may not be fully validated prior to usage by Tentamus California.

2. TCA does not possess proof of method suitability for this method. TCA will at their discretion, or through joint collaboration with the Client, perform validation work to determine method suitability. If and when this validation is completed the validated method will be used in lieu of this method unless otherwise requested, in writing, from the Client.

3. TCA is committed to achieving the highest client satisfaction professionally and ethically; and agrees to perform the prescribed method according to stated procedures. However, TCA makes no claims as to the precision, accuracy, or suitability of such method.

4. TCA, its Clients, and its employees are discharged, released, and absolved from any and all claims and liabilities associated with the acceptance and usage of this method, INFORMED CONSENT/ASSUMPTION OF RISK/WAIVER/RELEASE OF LIABILITY for the testing services requested, that have not been properly validated by TCA's research team, if said method is later determined to be unsuitable for the test requested.

5. TCA agrees to undertake remediation, corrective action, and retest, if the prescribed method is erroneously implemented.

By signing this form, we give written permission to TCA to use the prescribed method without validation by TCA. We acknowledge that we have thoroughly read this informed consent, assumption of risk, waiver of right to sue, and release of liability and fully accept and assume any and all risks and liability herein. We knowingly and voluntarily waive any right we, or our successors, might have to bring any legal action or assert any claims, demands, or causes of action of any kind whatsoever against TCA, its Clients, and its employees, for any issues associated with the proper execution of prescribed unvalidated method used for the requested testing services defined by this document.

FDA Registration FEI #:_____

DUNS #:_____

Dated: _____ (mm/dd/yyyy)

Signature of Authorized Representative: _____

Name of Authorized Representative: _____

Client/Company:_____

Addendum I: Products Released for Test Method

Method Acceptance Release Tests			
Method/Test Analyte Name	**Product Name**	**Active Pharmaceutical Ingredient**	**Client Product Code**